RCN LABOUR MARKET REVIEW

Past trends, future imperfect? A review of the UK nursing labour market in 2004/2005

Royal College of Nursing

Queen Margaret University College
EDINBURGH

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Acknowledgements

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Contents

Introduction

This report provides an overview of trends in the UK nursing labour market. The report is published annually, and is commissioned by the Royal College of Nursing (RCN). The report is in five parts:

1. provides an overview of key developments impacting on the UK nursing workforce, and highlights continued concern about data and planning inadequacies
2. examines how nurse staffing growth and change in the NHS has been achieved since 1997
3. reports on the current and future supply of student nurses in the UK
4. describes the profile of the current *stock* of the UK nursing workforce, and discusses NHS staffing vacancies and the use of temporary staff
5. highlights the next critical nursing workforce challenge – the ageing of the nursing workforce.

Report summary

- With projected reductions in the level of future funding streams, and further NHS restructuring likely to create a mixed economy of health care providers, NHS nurse workforce planning and policy is entering an uncertain phase.
- These uncertainties are compounded by the ongoing problems that exist with limitations and gaps in the workforce information necessary to plan efficiently to meet future health care needs.
- Since 1997 there has been growth of 23% in the NHS nursing workforce in England (whole time equivalents), with lower growth in the other three UK countries.
- This growth has not been sufficient to end all staffing shortages, or to prevent some nurses continuing to report heavy workloads or working extra unpaid hours.
- Similar percentage staffing growth is reported for doctors and allied health professionals, but there has been much greater growth in managers and health care assistants.
- After a marked drop in the mid 1990s, the annual number of *new* UK entrants to the nursing register is back to the level it was at the beginning of the last decade, at around 20,000 per annum.

- International nurses continue to be a significant source of new nurses for the UK. Around 45% of all new entrants to the UK register in recent years have been from non-UK sources, including a significant inflow of nurses to the UK register from the developing world.
- *Wastage* of nurses from the NHS in England and Wales, as measured in the only available annual survey, does not appear to have changed significantly in recent years.
- Over the last five years there has been a sustained increase in the numbers of successful applicants to pre-registration diploma-based nurse education, but the latest figures suggest a slowdown in growth in the numbers of applications and intakes.
- There has been a marked growth in the number and proportion of mature students entering pre-registration nurse education in recent years; 46% of accepted entrants in 2004 were aged 25 or older.
- The ageing of the nursing workforce continues to be a critical and growing challenge, particularly in the community/primary care sector. While an increase in retirement rates is likely to have a marked impact over the next 10 years, there are many uncertainties about retirement behaviour of NHS nurses pending agreement on current proposals to change the retirement age.

1. Overview of key developments

The key feature of the NHS nursing workforce in recent years has been staffing growth, but current developments point to much greater uncertainty over the next few years. This report examines changes in NHS nurse staffing that have occurred since 1997, and also considers likely future trends.

The staffing growth that has been achieved is because of significant increases in NHS funding, around 7% per annum in real terms in recent years in England. This funding increase was required to make good what the NHS Confederation has termed 'chronic underinvestment' in the NHS. However, this increased funding is projected to tail off in 2007/ 2008[1]. Even if there had been a 'steady state' and stable funding platform over the rest of the decade, there would have been increasing challenges for nurse workforce planning and policy. This is as a result of the ageing of the nursing workforce, with more nurses reaching the age when they may decide to reduce the hours they work, or to retire. But funding growth is projected to tail off, and there are also other uncertainties.

In recent months there have been reports of financial difficulties in some NHS employing organisations leading to recruitment freezes, or redundancies[2]. In a survey with responses from 155 NHS trusts in June/July 2005, 39% reported recruitment freezes of nursing and midwifery staff, 10% reported that there would be staffing redundancies, and a further 25% reported potential redundancies[3]. Plans have also been announced for a further radical overhaul of primary care trusts (PCT) in England. This could lead to a more fragmented nursing labour market, with multiple employers and care providers, including the possible *privatisation* of the nursing workforce in some PCTs[4].

With the added challenges of reduced future funding streams and further NHS restructuring, NHS nurse workforce planning and policy is entering an uncertain phase. These uncertainties are compounded by the ongoing problems that exist with limitations and gaps in the information necessary to plan efficiently to meet future health care needs. This report identifies some of the key gaps that are contributing to this uncertain future.

Shortages and shortfalls?

While there has been nurse staffing growth across the UK, it has not been uniform. It has not been sufficient to end all staffing shortages, or to prevent some nurses continuing to report

heavy workloads or working extra unpaid hours. The Office of Manpower Studies' annual survey of NHS employers in 2004 reported that only 5% of managers had 'no problem' with nurse recruitment, with little overall change in the level of reported recruitment and retention difficulties since the previous year[5]. NHS clinical grades D, E and G were reported to be the most difficult grades to recruit nursing staff to. Managers reported that 'stressful working conditions' and 'heavy or increased workloads' were the two most common reasons for nursing staff leaving[6].

The NHS Employers survey in summer 2005, with responses from 155 NHS trusts, highlighted that 62% of respondents had found it hard to fill posts in nursing and midwifery, which they mainly attributed to national shortages[7]. The 2004 Healthcare Commission NHS staff survey also noted that, while many staff reported job satisfaction, 40% of registered nurses reported work-related stress, 36% reported working additional paid hours, and 68% reported working additional unpaid hours[8].

The recently published Healthcare Commission report into ward staffing, drawing data from over 6,000 NHS wards, highlighted large variations in nurse turnover in different trusts. It reported that 'divergent labour market conditions' throughout the NHS were impacting on nursing skill mix, and noted that 'in the past four years, the number of nurses has increased, but recruitment and retention of nurses to work on inpatient wards remains a problem'[9]. The national NHS nurse workforce planning recommendations in England were circulated for comment in August 2005. The paper highlighted the 'potential increases in retirements, vulnerability of international recruitment, and the requirements arising from initiatives such as school nurses, community matrons, and nurse practitioners'[10]. It recommended continued, if 'moderate', growth in pre-registration commissions.

In recent months there have also been reports[11] of recently qualified nurses having difficulty in finding employment opportunities. In some cases this may because of localised labour market issues. But, as noted above, there are also reports that financial shortfalls in some NHS trusts in England are leading to staffing freezes or to planned redundancies. The 2005 NHS Employers survey also noted that 39% had 'oversubscribed' vacant posts – mainly at the levels of health care assistant (HCA) and newly qualified nurse[12].

The broader context

Since publication of the 2004 labour market review there have also been a range of broader factors that have a bearing on an analysis of the nursing workforce, but they are beyond the primary focus of this review. They include:

- establishment of NHS foundation trusts in England, which may have an impact on competition in local labour markets (early assessment by the Healthcare Commission found no such evidence[13])
- increasing use of Independent Sector Treatment Centres (ISTC) and other providers, to provide NHS-funded care in England. They are likely to impact on competition between employers in local labour markets, particularly as the Department of Health (DH) has recently announced an end to the 'no poaching of NHS staff' additionality clause for ISTCs, except for 'shortage' specialties[14]
- restructuring strategic health authorities and reductions in PCTs in England raise questions about the future employment patterns of NHS nurses. This includes 'privatised' PCT[15] services, and changes in workforce planning focus and approaches[16]
- one unifying factor at a time of policy divergence across the UK could be the completed implementation of Agenda for Change (AfC), the new NHS pay system. While it is anticipated that AfC will improve retention and career development, there are suggestions that full implementation is unlikely to meet the initial target of April 2006. Implementation will also have a direct impact on nursing workforce planning because of changes in annual leave and other entitlements. The Scottish Executive recently calculated that the immediate impact of AfC is equivalent to a 1.2% reduction in NHS nursing workforce capacity[17]
- further developments with a variety of local and national initiatives on new roles and ways of working in nursing, such as the Hospital at Night scheme[18], nurse consultants, and other developments that have been summarised by the RCN[19].

Sustaining growth

What is clear is that the nurse staffing growth achieved in the NHS in recent years will have to be sustained if planned service improvements are to be achieved. In England the Department of Health has acknowledged that 'we will need tens of thousands more clinical and support staff'[20], and the Health Committee of the Scottish Parliament recently noted that 'the Executive has recognised the need for significant additional numbers of professional staff in the NHS'[21]**.** The independent review of health and social services in Northern Ireland

(DHSSPS, 2005) noted that the province will require 'a significant increase in staff to provide the same level of service'. This supports the Wanless Review, which indicated that 2,170 more nurses will be needed in Northern Ireland by 2022[22].

The last few years have witnessed an unprecedented increase in NHS funding, and significant associated growth in the NHS nursing workforce. A major challenge for the next few years will be to retain these staff, and replace those who retire, in a policy and planning environment that may be more fragmented, less stable and more uncertain than in recent years, and with lower increases in NHS funding. There will also be a greater focus on attempts to increase productivity of individuals and teams, as funding constraints become more apparent. The Department of Health noted recently that 'staff numbers will grow more slowly and productivity will increase to boost capacity'[23]. One of the main drivers for a continued focus on policy and planning in the nursing labour market will be the impact of an ageing nursing workforce. The nurse staffing growth that has been achieved since 1997 is unlikely to be sustained if policy attention waivers, or if planning efforts shift to other priorities. This report highlights the need for a continued focus on recruitment and retention.

Planning for change or changes in planning?

The primary cause of the major nursing shortages that impacted on the UK in the mid 1990s, and which dictated the nursing workforce policy priorities of the Labour government in the years after 1997, was the failure of the NHS to develop effective workforce planning methods earlier in the 1990s. The NHS did not properly take into account the impact of the growth of employment for nurses in the independent sector. Further, there was no effective national assessment of the aggregate effect that the future nurse staffing levels determined by each NHS trust would have. Many trusts erred on the side of caution in their estimates, often using inadequate data, and assuming someone else would make good the shortfall[24].

Fragmented planning, poor data, inadequate national oversight and a lack of appreciation of the dynamics of the UK nurse labour market led to several years of underinvestment in nurse education, set against a backdrop of general NHS underfunding. The end result was that the numbers of nurses being trained was drastically reduced, and within a few years vacancies were rising, NHS nursing shortages had became a major obstacle for NHS reform, and the NHS had to resort to high profile international recruitment as a *quick fix* to compensate for its own planning failures.

Past trends, future imperfect?

In the late 1990s much more attention was focused on developing local, regional and national level workforce planning as an integral part of the NHS Plan. However, the current proposed changes in the number and role of PCTs, the reduction in the number of strategic health authorities, and devolving some workforce planning and policy responsibilities to NHS employers and Workforce Development Confederations, means that the NHS workforce planning process is once again in tension. There is a danger of returning to a fragmented system, with overlap, gaps, lack of clear lines of responsibility, inadequate capacity at local and regional level, and an absence of effective integration and oversight at national level. With multiple stakeholders, uncertainties about future focus, responsibilities and structures, the threat of inadequate planning for the future is all too clear.

It is also evident that there remain weaknesses in the available data, which can undermine effective nursing workforce policy and planning. Many of these weaknesses are well known but have not, as yet, been effectively addressed. Our 2002 labour market review examined the information gaps that undermined policy analysis of the dynamics of the UK nursing labour market, and impaired effective workforce planning. Most of these weaknesses remain. We have restated these ten points in box 1, and shown our assessment of any change over the last three years in italics.

Box 1: Mind the information gap: growing the workforce

Things we need to know	***The reality***
1. We do not have accurate UK-wide attrition rates during pre-reg nursing and midwifery education.	*A common definition has been agreed in England for common measurement but there is no complete and comparable data across the UK*.
2. We do not know how many newly-qualified nurses and midwives take up employment in the NHS or elsewhere.	*No improvement. This has been made more problematic because of changes in student indexing.*
3. We have little published evidence of the actual retirement behaviour of nurses - a vital issue since so many are in the 50-plus age group.	*Little improvement. The issue is now even more significant because of ageing workforce and proposed changes in NHS retirement scheme for future entrants.*
4. We have no accurate knowledge of how many of the growing number of overseas nurses are actually working in the UK, or where they are based.	*No improvement. NHS in England does not record how many international nurses it employs, despite a recommendation by House of Commons Committee. No accurate information on outflow of nurses from the UK.*
5. We have only scant information on the flow of nurses between the four UK countries - this is likely to become a growing issue with devolved government and diverging health policies in the four countries.	*No improvement in published information.*
6. We have no recent detailed information on the actual number of re-entrants to the NHS after refresher training, where they are working, and the hours they work.	*Worsened. Return to practice data no longer collated at national level in England.*
7. We do not have consistent or complete information on vacancy rates across the four UK countries to assess the impact of shortages.	*No improvement. More questions being asked about relevance of 'point in time' 3-month vacancy rate*.
8. We do not have complete data on flows of joiners and leavers in the NHS to assess accurately the current sources of recruits and destinations of nurses leaving the NHS.	*No improvement in England. Major source is OME sample survey, with worsening response rates.*
9. We have only scant information about the dimensions of the growing non-NHS nursing labour market and the flows of nurses between the NHS and other nursing employment.	*Worsened. Data no longer collated nationally in England*
10. We do not have UK-wide information about the ethnic composition of the UK nursing population or workforce, to assess for potential to recruit, or to monitor equal opportunities in employment.	*Attempts at improvement, but changes in definitions, and large 'unknown' response rate limit utility of data.*

2. NHS staffing growth

There are at least four main options open to a national health system when it aims to increase its nurse staffing levels. The NHS has attempted to:

- increase the numbers of applicants accepted into pre-registration
- improve retention of current staff (including provision of more flexible retirement)
- maximise return to the NHS of the non-working pool of nurses
- recruit actively from other countries.

In this section we assess how effective these interventions have been, in terms of headline growth in NHS nurse staffing since 1997 in the four countries of the UK. Using the most recent comparable workforce data from the four UK countries, it is evident that variable levels of overall nurse staffing growth have been achieved (table 1 – some caution is required in interpreting data as definitions vary in the four countries, and across time).

Table 1: Whole time equivalent and % change in the NHS qualified nursing and midwifery workforce from 1997 to 2004 across the four UK countries (September)

	1997	2004	% change 1997- 2004
England	246,011	301,877	**23%**
Scotland	35,245	38,907	**10%**
Wales	17,228	20,126	**17%**
Northern Ireland	11,085	13,093	**18%**

Sources: DH Statistical Bulletin 2005/04, Northern Ireland – DHSSPSN; Scotland – ISD Workforce Statistics, Wales – SB 20/2005
Note: per cent figures are rounded. Only data for England includes bank nurses.

Only the NHS in England includes bank nurses in its workforce data. The inclusion of bank nurses in England has, to an extent, contributed to the greater numerical and percentage growth in the workforce since 1997. Table 2 shows the numerical and percentage growth for bank nurses in the NHS in England from 1997 to 2004. It also shows bank nurses as a proportion of all qualified nurses and midwives.

Table 2: Bank nurses as a proportion of all NHS-qualified nurses, NHS England (headcount)

	1997	2004	% growth 1997-2004
Bank/unknown nurses	24,141	38,756	+61%
Total qualified NHS nurses (includes bank)	300,467	375,371	+25%
[Total, excluding bank/unknown]	[276,326]	[336,615]	[+22%]
Bank nurses as a % of total	8%	10%	

Source: Department of Health
Note: Figures for bank nurses are for those identified as not having a permanent full-time or part-time contract. Permanent NHS staff who also work additional shifts as a bank nurse are not included, but some staff categorised as unknown are included.

The 61% growth in bank nurses in the NHS in England (and those in the unknown category) is more than twice as rapid as overall growth in the NHS qualified nursing workforce over the period. This accounted for about one in five of the total nursing workforce growth (headcount) from 1997 to 2003. These nurses represented about one in 10 of the total NHS workforce of nurses and midwives in 2004.

Variable growth across the UK

The rate of growth in nurse staffing achieved in the four UK countries since 1997 has been variable. England has reported a much higher growth (partly because of the inclusion of bank nurses), while Scotland has reported the lowest growth rate. This does not necessarily mean that any one country is better staffed than the other countries.

The NHS nurse-to-population ratio gives some indication of the relative availability of nursing resources in relation to need, loosely defined by population size in each of the four UK countries. This must be interpreted with caution because of differences between the countries. For example, the population density in many parts of Scotland is much lower than in England. Table 3 below shows the number of nurses per 1,000 population in the four UK countries in 2003. Even with the highest staffing growth in recent years, England still has the lowest ratio, while Scotland, with a lower rate of growth, has the highest number of nurses per 1,000 population of the four UK countries.

Table 3: NHS qualified nursing staff (WTE) per 1,000 population for 2003 in four UK countries

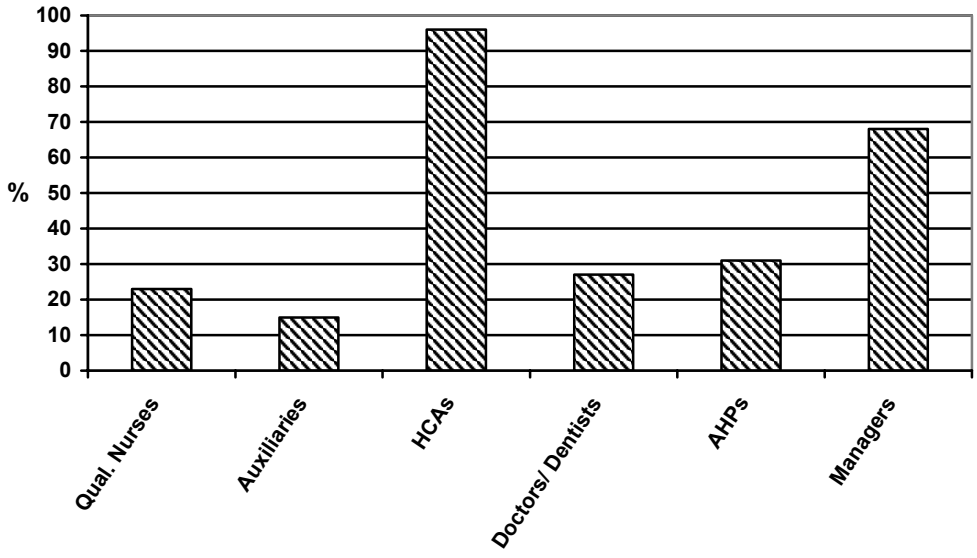
	England	Scotland	Wales	NI
NHS nurses, midwives, health visitors, NHS (WTE)	291,925	38,262	19,514	12,634
Population mid 2003 estimate	49,855,700	5,057,400	2,938,000	1,702,600
Nurses per 1,000 population	**5.9**	**7.6**	**6.6**	**7.4**

Sources: Department of Health, ISD Scotland, Welsh Assembly, Northern Ireland HRIS, Office of National Statistics
Note: Figures are rounded, and are for September. Only data for England includes bank nurses.

Differential growth in occupations and specialties

The growth in NHS staffing has not been consistent across all occupations and specialties. Figure 1 highlights the percentage growth in whole time equivalents (WTE) for the different main occupation groupings in the NHS in England from 1997 to 2004. Growth has varied significantly in different occupations. The actual numerical growth across the period (WTE) has been approximately 24,700 for doctors, 11,400 for allied health professionals, 14,600 for managers, and 55,900 for qualified nurses and midwives.

Figure 1: % growth in selected NHS occupations 1997-2004 NHS England (WTE)

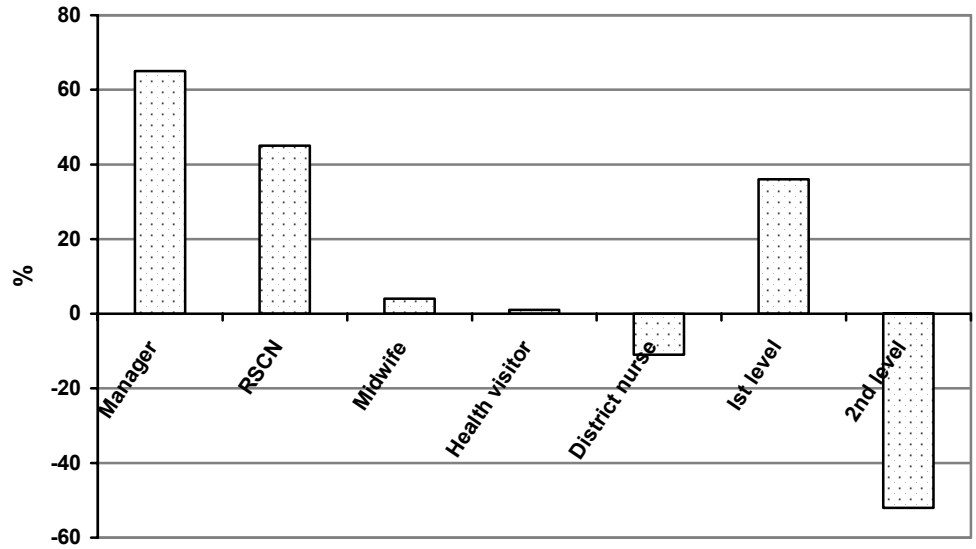


Source: Department of Health

Figure 1 shows that the WTE for health care assistants (HCAs) has almost doubled in this period, while the number of managerial staff has grown by two-thirds, and the three main health professional occupational groupings – nurses, allied health professionals (AHPs), medical/dental staff - have all grown by about a quarter. Nursing auxiliaries show a relatively low rate of growth, but in 2004 they still accounted for a workforce three times the size of HCAs.

In nursing there has also been marked variation in the pattern of growth. There has been marked growth in nurse managers, first level registered nurses, and registered sick children's nurses (RSCNs). However, there has been virtually no growth for health visitors and midwives, and reductions in district nurses and second level (enrolled) nurses. The latter is the result of the continued impact of the end to second level training, and the provision of courses that enable enrolled nurses to convert to first level registration.

Figure 2: % change in number of selected types of NHS nursing staff 1997-2004 NHS England (WTE)



Source: Department of Health

How growth has been achieved

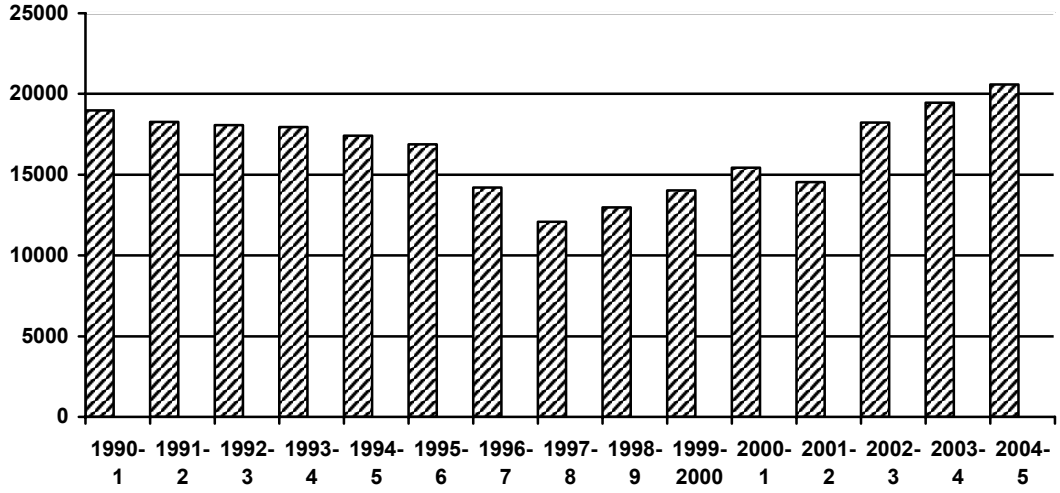
New UK recruits

In recent years there has been significant annual growth in the numbers of new nurses entering the UK register from pre-registration education in the UK. This follows a period of

substantial decline in the previous decade. The recent growth reflects an increase in admissions to pre-registration nurse education, supported by increased government funding, and the impact of national advertising campaigns. In 2004/5 £5.8 million was spent in England by the NHS in recruitment and advertising campaigns[25].

In 1990/91 there were 18,980 new nurses entering the UK register from education and training in the UK (see figure 3). The annual number of entrants fell year-on-year to a low of just over 12,000 in 1997/8. This decline was a direct result of the significant reductions in the number of student places funded in UK nurse education in the first half of the decade - there is time lag of at least three years between entering education and registering for the first time.

Figure 3: Number of new nurse entrants to the UK register from UK sources 1990/1 - 2004/5



Source: NMC/UKCC

Since 1997/8 the numbers of new UK entrants to the register have increased (the apparent 'dip' in 2001/2 may be related to registration delays in that year). In 2004/2005 there were 20,587 new entrants to the UK register from UK sources. This is more than 8,000 greater than the figure achieved in 1996/7, or a rise of about 70%. But, it is only about 8% more than that achieved in 1990/91. There has been a little year-on-year variation in the relative contribution from the four UK countries, but in recent years the percentage of new entries coming from England has tended to be higher than in the mid 1990s (see table 4).

Table 4: Initial entries to the NMC effective register by country from pre-registration nursing and midwifery training in the UK 1990/91 to 2004/05

	England	NI	Scotland	Wales	UK total
1990/91	14,786	659	2,537	998	18,980
1991/92	14,184	726	2,513	846	18,269
1992/93	13,931	717	2,485	936	18,069
1993/94	13,992	707	2,334	915	17,948
1994/95	13,997	585	2,060	769	17,411
1995/96	13,527	581	1,920	842	16,870
1996/97	11,208	492	1,802	708	14,210
1997/98	9,416	437	1,688	541	12,082
1998/99	10,184	421	1,789	580	12,974
1999/00	11,048	363	1,909	715	14,035
2000/01	12,501	379	1,771	782	15,433
2001/02	11,712	393	1,786	647	14,538
2002/03	n/a	n/a	n/a	n/a	18,216
2003/04	15,862	457	2,331	812	19,462
2004/05	16,146	414	2,263	1,159	20,587*

*Source: UKCC/NMC annual reports; disaggregated data not available for 2002/3; *data for 2004/5 includes 605 'not known UK', which could not be allocated to a country.*

The recent increase in intake to pre-registration nurse education in England points to future growth in the numbers entering the register from UK sources, at least for the next few years. In part, this additional growth is the result of initiatives to support more health care assistants to bridge the gap in pre-registration nurse education[26].

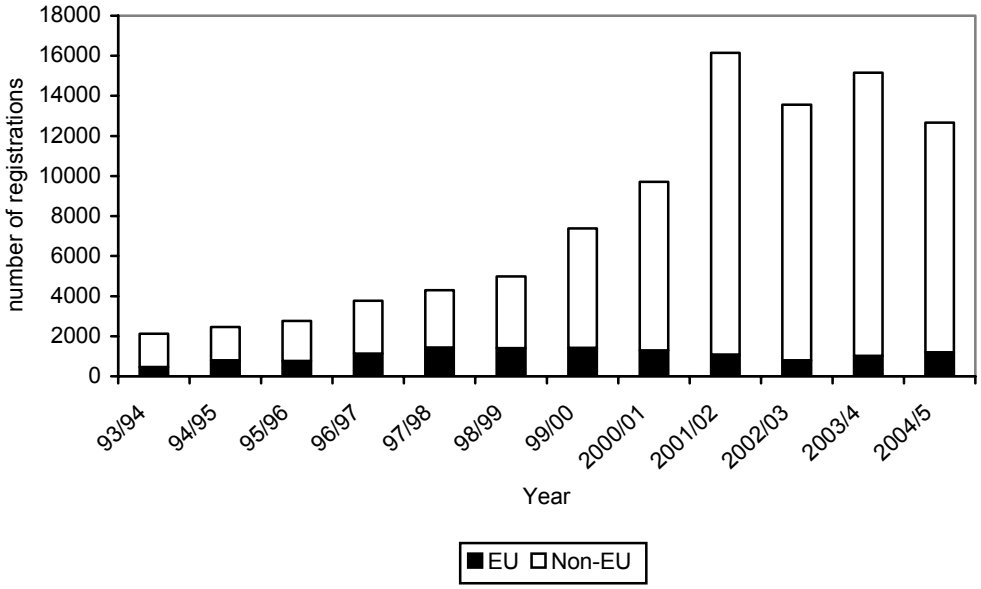
International recruits

The other source of new nurse recruits is recruitment from other countries. The UK, particularly England, has been very active in recruiting nurses from a range of countries. There are a network of NHS international recruitment co-ordinators to facilitate NHS employers who want to employ international nurses, and the NHS Purchasing and Supply Agency has issued guidance on how to recruit international health care professionals[27].

Data from the NMC register can be used to assess trends in the numbers of non-UK nurses entering the UK[1]. The key indicator is the level of initial admissions to the NMC register of nurses and midwives originally trained and registered outside the UK.

[1] There are limitations in using NMC data to monitor the inflow of nurses to the UK because it registers intent to work in the UK, rather than actual working. Overseas nurses may be registered, but not move to the UK, or they may move to the UK but not take up employment in nursing.

Figure 4 : Admissions to the UK nurse register from EU countries and other (non-EU) countries 1993/94 - 2004/5

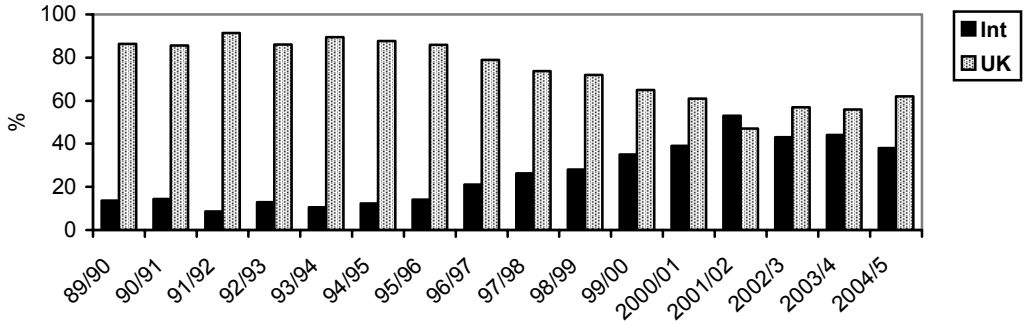


Source: NMC/UKCC

The rapid growth in the annual numbers of entrants to the UK register from overseas in the late 1990s and in the early years of this decade is highlighted in figure 4. Since April 1997 there has been an aggregate total of almost 84,000 overseas admissions to the UK register. In the year to March 2005, a total of 12,670 initial entrants were admitted from all overseas countries. The four largest source countries in 2004/5 were India, the Philippines, Australia and South Africa.

The rapid growth in the importance of overseas countries as a source of new nurses for the UK is highlighted in figure 5. This shows the relative contribution of UK and of overseas sources of new nurses since 1989/90. In the early 1990s overseas countries made up about one in 10 nurses entering the UK register. The overseas contribution rose rapidly in the late 1990s, both in terms of numbers and as a percentage of total new entrants. Recently there has been some reversal of that trend because of the larger numbers coming onto the register from UK sources (see figure 3). Even so, in the last four year, overseas countries have, on average, contributed about 45% of the annual number of new entrants.

Figure 5: International and UK sources as a % of total new nurses admitted to the UK register 1989/90 - 2004/2005 (initial registrations)



Source: UKCC/NMC

While there has been a numerical decline in the number of new international nurse registrants, there continues to be large numbers of applicants to enter and work in the UK. The NMC reports that from April 2004 to April 2005 it received a total of 69,173 requests for information on the application process. During the same period the NMC's overseas assessment team considered and made decisions on 53,440 applications[28].

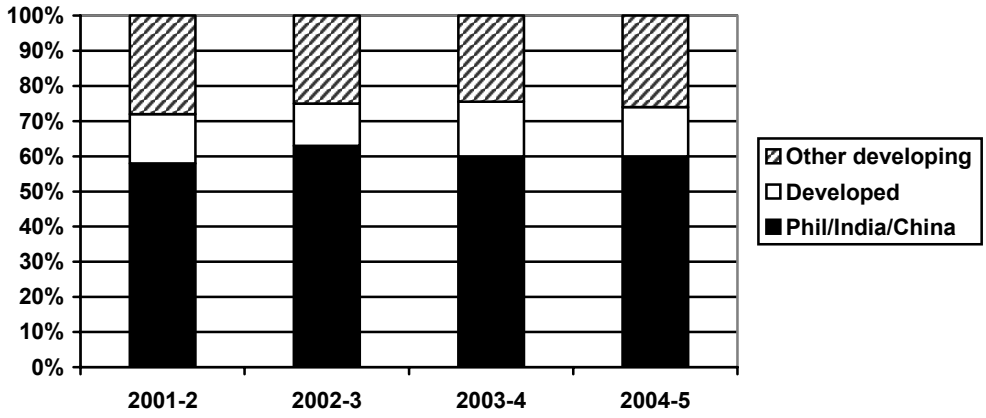
Many applicants, even when successful in the initial phase of application, are stuck in the recruitment pipeline, waiting for clinical placement and adaptation places. There is a significant backlog of international nurses waiting for their full assessment for registration so that they can practice in the UK. In July 2005 it was reported that the NMC had estimated that there were '37,000 overseas nurses already in the UK who are unable to start work because they cannot find supervised practice placements'[29].

Recruitment of nurses from the developing world has been controversial and the Department of Health in England has attempted to limit the potential negative impact. In 1999[30] it established guidelines that required NHS employers not to target South Africa and Afro Caribbean countries. In 2001[31], and then in 2004[32], the Department of Health strengthened the *Code of practice of international recruitment for NHS employers*. The code requires NHS employers not to recruit actively from developing countries unless there is a government-to-government agreement. At the time of writing, such agreements exist only with China, India and the Philippines. Other developing countries are identified as 'no go' areas for NHS recruiters.

The code covers some, but not all private sector employers. It does not prevent health professionals taking the initiative to apply for employment in the UK, or to come to the UK for training. The NHS in England does not hold central records for the number of international nurses it recruits or employs[33], so it is not possible to verify the extent to which NHS employers have complied with the code.

NMC data shows that in 2004/5 the three ethically acceptable developing countries (China, India and the Philippines) were the source of 60% of all non-EU registrants. However, more than 3,300 nurses entered the UK register from developing countries on the so called *banned* list. This accounts for more than one in four entrants from non-EU countries (see figure 6). There has been little change in that proportion in the last four years. Recent survey evidence[34] has also highlighted the issue of so called *back door* recruitment. This is where the private sector has recruited nurses from Africa, who have moved quickly to work in the NHS when they arrive in the UK.

Figure 6: % of entrants onto the UK nursing register from non-EU countries, by source country 2001/2002 - 2004/5



Source: NMC
Note: Excludes 'other'; China was only identified separately in 2004/05.

Some commentators have claimed that data showing a decline in registrants from sub-Saharan Africa in the last year is evidence that the strengthened code is having an impact. However, it should be noted that in 2004/5 one of the largest drops in numbers of registrants was from Australia, which was down by 35% from 1,326 to 981. There was also a 20% decline in registrants from New Zealand. This suggests that, while the code may have some effect, other factors are having an impact. This is most likely a decline in demand from the UK, and/or a backlog of international applicants not yet registered.

The level of inflow of internationally recruited nurses is likely to continue to vary over the next few years. This is partly related to changes in UK demand, and partly due to any effect of the new NMC requirements (see below). The most recent projection from the Workforce Review Team in the NHS in England is for some reduction in NHS international recruitment activity over the next few years. But, the planning assumption until 2008/9 remains at approximately 12,000 international nurses per annum, with international recruitment assumed to make a larger contribution to NHS nurse staffing growth than improvements in productivity, skill mix changes, or improved participation rates[35]. There is also recognition that reliance on international recruitment can create 'vulnerability'[36]. The recent survey of 380 international nurses in London highlighted that many were considering staying for five years or more in the UK, but that they were also aware of opportunities in other countries. Almost half (43%) were considering a move to another country, and one third had been contacted by a recruitment agency within the last six months offering them opportunities outside of the UK. The United States is the most commonly reported potential destination[37]. International recruitment is likely to be more targeted at specific shortage specialties, which may also reduce overall demand.

The new NMC Overseas Nurses Programme (ONP) and English language tests, introduced in September 2005, are likely to limit the number of successful applications from some countries[38]. Coupled with the large number of international nurses already in the UK waiting for an adaptation place, it suggests a continued bottle-neck in international inflow. This may also deter potential future international applicants, as well as slowing the entry pace of those who apply and are accepted to work as nurses in the UK.

Retention

There is no accurate estimate of overall retention of NHS nurses at UK national level. The only source with any trend information is the annual survey of NHS trusts conducted by the Office of Manpower Economics (OME) on behalf of the Review Body[39]. This survey examines the number of nurse joiners and leavers. Using *leavers* data, OME estimates both a turnover rate (the number and % of nurses changing jobs and locations), and a wastage rate (the number and % of leavers, excluding transfers to other NHS employment, but including those retiring). The 2004 survey had a relatively poor response rate at 44% for England and Wales. The matched sample response (to enable like-for-like comparisons with the results from the previous year) related to only 28% of trusts in England and Wales. On both counts, the OME data needs to be interpreted with caution. For example, incomplete data on where leavers have gone means that the wastage rate may not be accurate.

Without any other national data, the OME survey provides the only information to base an estimate of changes in the level of NHS staff retention on. It is measured by the indicator of wastage – the percentage of nurses reported by employers to have left the NHS, rather than moved on to another NHS job.

The OME survey shows that one in ten (9.4%) registered nurses left (including those who retired) the NHS in England between March 2003 and 2004. Higher wastage rates were reported for London, the West Midlands and southern England compared with elsewhere. The survey attempts to identify different 'reasons for leaving', and destinations of leavers. However, a very high proportion of returns are 'unknown', which means that any detailed analysis of this data is of little value.

Trend data on wastage rate shows little change in recent years. The (matched sample) rates for England and Wales in 2001 and 2002 were reported to be 8.8% in both years[40]. The matched sample in 2002 and 2003 was 8.7 % and 8.9%. In 2003 and 2004 the matched sample rates were 9.1% and 9.0%. This suggests a stable pattern, with no evidence of a trend of reduction in wastage (including retirement) of nurses in the NHS

Data from Scotland on joiners and leavers in the NHS nursing workforce highlights a reduction in the percentage of registered nurses leaving in recent years – from 7.4% in 1997/8 to 6.1% in 2003/4[41]. The data is collated differently from England figures so no cross border comparison can be made.

Returners

Encouraging nurses to return to NHS employment has been another key element in NHS policy, based on providing free refresher training and financial support during training.

There is little data on returners, so it is difficult to make an accurate assessment of their contribution to staffing growth. Table 5 illustrates the numbers completing return-to-practice (RTP) courses in England. The figures suggest that in recent years about 3,800 nurses, midwives and health visitors may have returned annually to the NHS in England through official courses. However, the data shows no indication of any upward trend.

Table 5: Nurses and midwives on RTP courses NHS (England)

	Number of nurses and midwives enrolled on RTP courses
1999/2000	3,287
2000/2001	4,478
2001/2002	3,762
2002/2003	3,795
2003/2004	3,463

Source: Department of Health. This data is no longer collated centrally.

Central funding for return-to-practice courses for NHS nurses ended in March 2004, and responsibility was devolved to PCTs. Central data on numbers entering RTP courses is no longer collated. The most recent projections from the Workforce Review Team assume that return-to-practice will not grow in significance as a source of NHS nurses in England[42].

What cannot be identified using the DH data available up to March 2004 is how many of these returners stay on in the NHS after return to practice courses, what their WTE contribution is, and how many other returners are not recorded centrally. A Parliamentary written answer in 2003 stated that 'an evaluation study commissioned by the Department of Health shows that 86% of people that had completed a return to practice course in the last three years had returned to and remained in practice'[43]. However, this statement related to a survey of 1,000 returners with a response rate of only 235. The poor response rate means that the claimed success rate of 86% is likely to be an overestimate of the proportion actually returning to NHS employment[44].

Summary

There are four main ways of growing the nursing workforce:

1. increasing new entrants through training
2. recruiting internationally
3. retaining more nurses in work
4. improving return rates.

Any attempt to conduct an accurate policy assessment of the relative contribution of each source to NHS nurse staffing growth is hampered by inadequate data. We have already highlighted in this report some of the main limitations and gaps in current data.

What does this incomplete data tell us about the relative contribution of different sources to growing the NHS nursing workforce? The four main areas of intervention have made some contribution to the marked staffing growth that has been achieved.

Training

Inflow from UK pre-registration education courses has grown after a decline in the early and mid 1990s. It is the main contributor to staffing growth at around 15,000 to 20,000 nurses per annum in recent years. It shows an upward trend.

International recruitment

International recruitment grew rapidly in the late 1990s, and in recent years it has accounted for 40% to 50% of new entrants, or about 12,000 to 14,000 new registrants per annum. The upward trend has now stabilised and there may be a slight decline in future years. No accurate data is available on how many of these nurses are actually working in the NHS in England.

Retention

The impact of initiatives to improve retention, such as *Improving Working Lives,* is difficult to assess because of an absence of comparative national NHS level data on nurse turnover and wastage. The only source with trend data, the OME survey, has had a relatively low response rate in some years. However, it appears to suggest little change in wastage rate over the last few years.

Returner schemes

Official returner schemes appear to have had a relatively stable impact over the last few years, contributing up to 3,000 to 4,000 nurses per annum.

3. Nursing and midwifery pre-registration students

As highlighted earlier in this review, the outputs from UK pre-registration training are currently the main contributor to growth in the nursing workforce. However, despite the importance and cost of pre-registration nurse education, there is surprisingly little detailed information available on the numbers of students entering nursing and midwifery education, the nurses in training and the numbers graduating each year.

In this section we piece together the data that is in the public domain to provide an overview of the numbers of pre-registration nursing and midwifery students, trends in intakes and applications and intakes to undergraduate nursing degree courses.

Number of training places and likely future output

The size of the student population in England is determined by the aggregate total of training places commissioned by each strategic health authority (SHA). A similar process operates in Scotland through the annual Student Nurse Intake Planning (SNIP) exercise.

The NHS Plan for England pledged that 5,500 more students than in 1999 would enter training by 2004 for a first qualification to become a nurse or midwife. Since 1999-2000 there has been an overall increase of 5,577 in the number of places commissioned, meeting the target set (see table 6).

Table 6: Pre-registration nursing and midwifery training places 1991-2000 to 2003-2004 (England)

	Places	Annual change	
		Number	%
1999–2000	18,707		
2000–01	20,021	1,314	7.0
2001–02	21,770	1,749	8.7
2002–03	22,956	1,186	5.4
2003–04	24,284	1,328	5.8

Source: House of Commons, Hansard, Written Answers 26 October 2004

Intake at this level should supply in excess of 20,000 newly qualified nurses and midwives each year, allowing for students who fail to complete their course or delay completion. The NHS Workforce Review Team has collated estimates from SHAs of the supply of newly qualified nurses and midwives from recent commissioning. Their figures show output rising to 21,900 by 2006/07 (see table 7).

Table 7: Forecast supply from commissioning by branch in academic years 2004/05, 2005/06 and 2006/07 (England)

	2004/05	2005/06	2006/07
Adult	12,100	13,300	13,800
Mental health	3,100	3,500	3,400
Children's	2,100	2,300	2,300
Learning disabilities	700	700	900
Midwives	1,600	1,800	1,900
Total	**19,500**	**21,300**	**21,900**

Source: WRT survey of SHAs May 2004

Information on the number of anticipated training places in future years is not available, though recent planning assumed a 4% increase in commissions each year from 2006[45]. The Workforce Review Team has also made an initial (August 2005) recommendation[46] for 'moderate growth' in pre-registration nursing commissions. However, the Workforce Numbers Advisory Board has warned that further expansion in numbers of training places is likely to be limited in some areas by the availability of clinical placements. The Workforce Review Team report that for midwifery: 'The midwifery workforce nationally, appears to be close to the estimated requirement thus in some local areas there may be a danger of oversupply, whilst there are severe shortages in the south east of England. There are also potential, as yet unquantified, upward pressures on demand.'

In Scotland, there has been a marked increase in recent years in the intakes recommended by the Student Nurse Intake Planning (SNIP) exercise over those of the late 1990s (see table 8). However, the latest figures (SNIP, 2004) for 2005/06 intakes show a reduction of 11.5% in the number of places available. Although these are said to be in line with the maximum numbers that higher education institutions in Scotland have recruited in recent years. Some observers have called for the decision to be reversed in the light of evidence that NHS Scotland has its highest vacancy rates for six years[47].

Table 8: Intake recommendations for pre-registration nursing and midwifery in Scotland, SNIP 1997 to 2004

	Adult	Children	Mental health	Learning disability	Midwifery	Total	% change
1997	1,570	195	420	100	220	2,505	
1998	1,650	250	460	105	220	2,685	7.2
1999	1,725	210	470	115	255	2,775	3.4
2000	1,900	200	490	90	220	2,990	7.7
2001	2,300	200	600	90	220	3,410	14.0
2002	2,750	165	750	90	180	3,935	15.4
2003	2,750	180	750	75	200	3,955	0.5
2004	2,480	165	580	75	200	3,500	-11.5

Source: SNIP

The student population

The overall size of the pre-registration nursing and midwifery student population in the UK is not easily determined. Figures from the Higher Education Statistics Agency show that at the end of July 2004 there were 87,115 students on full-time (more than 24 weeks) nursing courses in higher education institutions across the UK, and 91,240 of part-time (less than 24 weeks) courses. This is roughly 5% more than in the previous year. However, the figures do not identify pre-registration nursing and midwifery education separately from other post-registration, courses.

The numbers of pre-registration nursing students receiving non-means tested NHS bursaries (see table 9) in England is known. This provides the best clue to recent trends in the size of the student population, and its changing age profile. Therefore, we know that the number of nursing students grew from around 34,000 in 2000/01 to over 60,000 in 2003/04. NHS bursaries were also awarded to 1,514 and 1,677 Diploma in Higher Education midwifery students in 2002/03 and 2003/04 respectively[48].

Table 9: Numbers of pre-registration nursing students with NHS bursaries and by age group 2000-2001 to 2004-2005 (England only)

Age	2000-01*	2001-02	2002-03	2003-04	2004-05**
<21	5,804	6,320	7,908	11,009	13,245
21–25	15,679	18,649	20,322	18,651	13,929
26–30	5,362	8,279	9,543	9,280	7,714
31–35	3,096	6,447	7,704	7,946	6,820
36–40	2,437	5,405	6,537	6,897	5,957
41–45	1,417	3,225	4,008	4,208	3,622
46–50	598	1,310	1,640	1,719	1,471
51–55	138	343	417	458	348
56–60	16	42	59	69	53
>60	1	2	3	2	2
Total	**34,548**	**50,022**	**58,141**	**60,239**	**53,161**

Source: House of Commons, Hansard, Written Answers, 13 December 2004
**Includes estimated figures*
***Academic year to date*

As well as demonstrating the substantial growth in the student population, table 9 also illustrates the significant shift in age profile. In 2000/01 62% of those receiving bursaries were aged 25 or under; in 2004/05 that figure had dropped to 51%.

Approximately 15,000 pre-registration nursing and midwifery students are enrolled on courses in Scotland, Wales and Northern Ireland:

- by March 2004 there were 9,620 first level nursing and midwifery students in Scottish higher education institutions, an increase of 642 (7%) since March 2003[49]
- in Wales the in-training population had risen by a third in four years. In 1999 there were 2,481 students, and by 2003 (latest year for which figures are published) this had increased to 3,496[50]
- the annual number of pre-registration nurse training places in Northern Ireland was increased from 580 to 680 in 2001, and to 750 in 2002. There are currently (mid-2004) around 2,300 nursing students in training[51].

Applications and intakes

Detailed information on numbers and trends in applications and intakes to pre-registration nursing and midwifery are available for England from the Nursing and Midwifery Advisory Service (NMAS). Over the last five years these have shown sustained increases in the

numbers of successful applicants. However, the latest figures suggest a slowdown in the numbers of applications and intakes.

In 2003/04 the number of application forms received (31,917) by NMAS fell for a third successive year, and the number of successful applications were at their lowest (15,487) since 1999/2000 (see table 10).

Table 10: Application forms received for full-length diploma level pre-registration nursing and midwifery programmes in England from 1998/99 to 2003/04

	Application forms received	Passed to institutions	% change	Successful applications	% change
1999/00	39,034	35,092	+7.9	14,819	-0.1
2000/01	45,677	41,169	+17.3	15,734	6.2
2001/02	37,314	34,162	-17.0	15,560	-1.1
2002/03	32,585	29,979	-8.0	15,810	1.6
2003/04	31,917	30,766	+2.6	15,487	-2.0

Source: NMAS

While the overall number of successful applicants has been broadly similar over the last four years, there have been varying trends across the different branches (see table 11). Around two-thirds of accepted applicants are for the adult branch. These have risen by about 4% in the last three years, although there was almost no change (less than 0.5% increase) last year. Midwifery, learning disability and the child branch each had fewer accepted applicants than in previous years. Only the mental health branch had any increase (2%) in the number of accepted applicants, although this was only half the growth of the previous year. Trends in the number of accepted applicants contrast with the planning assumptions around 'moderate growth' and a shift in the balance between the branches.

Since 2000, the overall proportion of applications accepted has increased from about one in seven (15%) to over one in five (22%). It remains the case that applications for some branches have a much higher success rate than others. For example, only 8% of applications to midwifery were accepted, compared with almost 29% of applications to the adult branch.

Table 11: Applications and acceptances by branch for full-length diploma level pre-registration nursing and midwifery programmes in England from 2000 to 2004

		2000	2001	2002	2003	2004
Midwifery	Applications	6,880	6,830	5,846	5,847	7,304
	Acceptances	488	526	556	609	600
Adult	Applications	46,883	57405	45,384	36,843	36,473
	Acceptances	9,422	9,951	10,357	10,347	10,379
Mental health	Applications	17,313	22,382	16,204	12,979	13,236
	Acceptances	2,310	2,457	2,425	2,540	2,594
Learning disability	Applications	3,626	4,612	3,241	2,301	2,162
	Acceptances	607	668	545	568	521
Child	Applications	17,038	19,165	15,759	11,841	11,193
	Acceptances	1,384	1,431	1,436	1,535	1,369
CFP	Applications	4,839	5,724	843	505	87
	Acceptances	608	701	241	211	24
Total	Applications	96,579	116,118	87,277	70,316	70,455
	Acceptances	14,819	15,734	15,560	15,810	15,487

Source: NMAS

Further examination of the NMAS figures reveals several important trends:

- men now account for only one in 10 (11%) of accepted applicants, compared with nearly 15% in 1999
- those aged 26 and over account for more than 40% of all applications. Almost one in four (23%) of older candidates are accepted (compared with one in five of those aged 25 and under), and they now represent 46% of all those accepted (compared with 41% in 1999)
- analysis by ethnicity shows that in 2004 minority ethnic groups accounted for almost 43% of applications, but only 22% of accepted applicants. The percentage of successful applications was 11% compared with 30% for white groups[2]

[2] Trend analysis is not possible because of changes in the ethnic codes used in 2003 and 2004. In 2004 NMAS changed the coding of ethnicity on applications introducing White English (replacing British), and White Welsh, Irish has been changed to White Irish, and Irish Traveller has been dropped. It is not clear why NMAS has adopted a non-standard ethnic classification, or why this classification has changed for the second successive year, but the effect is to undermine any analysis of trends in applications by ethnicity.

- the overall stability in the numbers of accepted applicants has not been felt evenly across the county. In particular, universities and colleges of higher education in the South East and the South West experienced sizeable reductions (13% and 15%). There were smaller falls in the North and Yorkshire (3%) and the North West (2.5%). In contrast, London experienced a 7% rise, and Trent (2%), Eastern (4%) and the West Midlands (2%) had smaller increases.
- a continuing decline in the number and proportion of applications from outside England. In 2004 less than 500 (under 1%) were from outside England, fewer than half the number four years ago. This includes around 160 applicants from elsewhere in the UK (the largest number of these were from Wales), as well as others from the Republic of Ireland, other EEA and non-EEA countries.

In previous years NHS Education for Scotland (NES) has produced an annual statistical supplement to its annual report, which provides detailed trends on numbers of students entering in-training and completing nursing and midwifery education. The supplement for 2004 has not yet been produced and less information is therefore available for this year.[52] Nevertheless, four key trends are apparent:

1. the number of students starting three-year nursing courses reached a new high at 3,051, up 4.6% on the previous year (see table 12)
2. this rise is accounted for by increased intakes to the adult (up 3.7%) and mental health (14.8%) branches; students entering child and learning disabilities branch courses reduced by 7.6% and 5.6%
3. the number of students starting the three-year and 18-month midwifery programmes has fallen to 219 from 259 last year
4. overall completions from three-year pre-registration nursing programmes were up by 15% (at 2,568), and of these, 1,911 were from the adult branch (figures on midwifery completions are not available).

Table 12: Scotland: numbers of students starting 3-year nursing and midwifery programmes 1999/2000 to 2003/04

	1999/00	2000/01	2001/02	2002/03	2003/04
Adult	1,565	1,829	2,048	2,149	2,229
Mental Health	422	491	487	485	557
Child	84	65	50	66	61
Learning disability	224	219	219	216	204
Midwifery*	264	257	253	259	219
Total	2,559	2,861	3,057	3,175	3,270

Source: NES

** Midwifery figures include entrants to the 3-year and 18-month courses.*

Non-completions

The number of student nurses and midwives who withdraw from pre-registration education without completing their course is an important consideration in determining the future supply of qualified staff. In the past, different definitions made it difficult to establish a clear picture. A new data collection system administered by HESA is now in place, and a consistent definition has been agreed between the NHS and the higher education institutions. Nevertheless, the actual figure for non-completions remains elusive. In a House of Commons Written Answer in February 2005, the Minster for Health stated: 'The attrition data for the 2002-03 academic year administered by the Higher Education Statistics Agency are in the process of being analysed'[53]. Table 13 below shows the available data for England.

Table 13: Proportion of pre-registration students by branch who have left their course in England 1994-1995 to 2000-2001

	Midwifery	Adult	Mental health	Learning disability	Child
1994/95	22.08	18.87	19.91	25.64	19.66
1995/96	17.43	17.75	20.56	20.29	19.46
1996/97	21.84	18.91	19.58	24.44	20.05
1997/98	18.23	18.82	20.05	21.67	21.95
1998/99	17.17	17.61	16.18	19.74	16.99
1999/2000	14.59	12.45	12.63	14.6	15.86
[2000/01]	*[6.7]*	*[5.98]*	*[6.47]*	*[6.48]*	*[6.75]*

Source: House of Commons, Hansard, Written Answers, 21 January 2004
Note: Data is based on a snapshot in time for particular cohorts. In each year there will still be students who have yet to complete, and the data for the most recent year is a significant underestimate of total attrition.

The latest DH planning for NHS workforce demand and supply analysis to 2008/09 continues to use a *wastage from training* assumption of 20%, although the Department of Health reports that the 'latest' figure is 18%[54].

No figures are available for Wales, and no new data has been published for Northern Ireland since last year's labour market review. In Scotland, the 2005 national workforce planning framework[55] suggests an 'average attrition rate of 22.9%' over three years. The figures, which probably include transfers between branches, are very similar to previous years and do not indicate any improvement. The report also suggests that around one in seven newly qualified nurses and midwives choose not to enter nursing employment.

Degree level nursing

A key trend in recent years is the significant and continuing increase in numbers of students on degree level nursing courses. Figures from the Universities & Colleges Admissions Service (UCAS) show that the number of applications for nursing degree courses has increased in each of the last six years (see table 14). There were more than 54,000 applications for entry in 2005 compared with 42,000 in 2004, an increase of over 28%. This compares with an overall increase in the number of applications for all subjects of just under 10% over the same period.

Table 14 Applications for entry to nursing undergraduate degree courses from 2000 to 2005

	2000	2001	2002	2003	2004	2005
Nursing	25,559	28,538	30,379	35,366	42,011	54,024
%change	14.3	11.7	6.5	16.4	18.8	28.6

Source: UCAS

Over 90% of the applicants for nursing degree courses are from UK students, of whom around 80% are from England. There are insignificant and fluctuating numbers of European Union (EU) and other overseas applicants (see table 15). About 92% of applicants are women, and around 40% are mature students (aged 25 or over). This proportion has risen from about a third in 2000.

Table 15: Number of applicants for entry to nursing degree courses by country from 2000 to 2004

	2000	2001	2002	2003	2004
Home	**6,394**	**7,169**	**8,090**	**9,488**	**11,355**
England	*5,357*	*6,126*	*6,541*	*7,515*	*8,953*
Wales	*4,73*	*525*	*783*	*1050*	*1343*
Scotland	*308*	*280*	*346*	*362*	*385*
NI	*256*	*238*	*420*	*561*	*674*
Other overseas	322	508	428	393	347
EU	203	218	234	410	336
Total	**6,919**	**7,895**	**8,752**	**10,291**	**12,038**
% change	20.9	14.1	10.9	17.6	17.0

Source: UCAS

Acceptances increased, by nearly 700 (14%) in 2004 to reach 5,684, more than double the figure in 1999 (see table 16). Just under half of all applicants are accepted for entry; the vast majority (98%) are from the UK home countries. The proportion of applicants accepted is much higher for home students (49%), compared with EU (25%) and other overseas (7%) applicants. Figures released by UCAS in October 2005 show a further increase of just under 700 in 2005 (see table 16).

Table 16: Number of acceptances for entry to nursing degree courses by country from 1999 to 2005

	1999	2000	2001	2002	2003	2004	2005
Home	2,680	3,208	3,698	4,202	4,861	5,575	n/a
Other overseas	25	33	46	50	52	24	n/a
EU	65	34	42	74	74	85	n/a
Total	**2,770**	**3,275**	**3,786**	**4,326**	**4,987**	**5,684**	**6,351**
% change		18.2	15.6	14.3	15.3	14.0	8.7

Source: UCAS 2005 data is provisional as at 20 October

The proportion of acceptances that are 'mature students' rose from 35% in 1999 to nearly 48% in 2004. In contrast less than 25% of acceptances for other subjects allied to medicine (such as ophthalmics, aural and oral sciences, nutrition, pharmacology and pharmacy) are from mature students.

What is not known is the contribution that degree qualified nurses make to increasing the total registered nurse workforce, since some may already be registered nurses who have chosen to upgrade their qualification from diploma to degree (the proportion of students over age 25 is even higher among degree course intakes than for diploma courses).

Summary

There has been growth in applications and entrants to pre-registration diploma-based nurse education in recent years, but the rate has slowed. Those aged 26 and over account for more than 40% of all applications and represent 46% of all those accepted (compared with 41% in 1999). Analysis by ethnicity shows that, in 2004, non-white groups accounted for almost 43% of applications but only 22% of accepted applicants and that the percentage of successful applications was 11% compared with 30% for white groups.

Despite a new data collection system being in place and a consistent definition of attrition from pre-reg education having been defined, the actual figure for non-completions on diploma courses in nurse education remains elusive.

There has also been growth in numbers of entrants to degree based pre-reg. education. Over 90% of the applicants for nursing degree courses are from 'home' students (of whom around 80% are from England), with insignificant and fluctuating numbers of EU and other overseas applicants. About 92% of applicants are women and around 40% are 'mature' (aged 25 or over) students.

4. The nursing workforce: trends and characteristics

In March 2005 there were 672,897 qualified nurses, midwives and health visitors registered with the NMC. Increased entries of new nurses from education and from overseas has meant that the overall population on the register has increased in recent years.

This registered population represents the pool from which the NHS and other employers recruit qualified staff. Over 30,000 registrants, about one in 20, are resident overseas. They are nurses and midwives who qualified or registered in the UK, and are currently recorded as living abroad. The nursing pool population in the UK is therefore about 640,000.

The nursing workforce

The NHS is the main employer of nurses in the UK, but nurses also work in a range of other jobs and sectors. Data on employment in other sectors is limited, and has reduced in quality in recent years. The tables below provide estimates for the headcount and WTE for qualified and unqualified nursing and midwifery staff in the NHS in the four UK countries. Variation in definitions, and in the allocation of different types of unqualified staff, means that direct comparison of these groups across the four UK countries is difficult.

There were approximately 465,000 qualified nurses and midwives (headcount) employed in the NHS across the four UK countries in September 2004 (approximately 374,000 WTE. See table 17). About seven out of every UK-based 10 nurses on the register were working in the NHS. In addition, there were approximately 167,000 unqualified nursing staff (122,000 WTE. See table 18).

Table 17: Qualified nursing and midwifery staff employed in 2004 by the NHS in the UK (headcount and WTE)

	England	Scotland	Wales	NI	Total
WTE	301,877	38,907	20,126	13,093	374,003
Headcount	375,371	45,500	28,512	15,407	464,790

Sources: Department of Health, ISD Scotland, Welsh Assembly, Northern Ireland HRIS
Note: Figures are rounded and are for September. Scotland excludes senior nurse managers.

Table 18: Unqualified nursing staff employed in 2004 by the NHS in the UK (headcount and WTE)

	England	Scotland	Wales	NI	Total
WTE	93,773	15,583	7,021	3,975	120,352
Headcount	129,034	19,218	12,861	4,617	165,730

Sources: Department of Health, ISD Scotland, Welsh Assembly, Northern Ireland HRIS
Note: Figures are rounded, and are for September. Figures for Scotland are for assistants, and exclude nursery nurses. Figures for England are for nursing auxiliary/assistants. Figures for Wales are for auxiliaries/assistants. Figures for Northern Ireland are for unqualified nursing. The table excludes health care assistants, where these are separately identified in national data - see below for details.

Health care assistants

Health care assistants (HCAs), who receive training and are vocationally qualified, are an increasingly important part of the health care workforce. They often work under the supervision of nurses alongside *traditional* unqualified nursing staff. Some HCAs are actually nursing students. A recent survey reported that one in 10 student nurses were working shifts as HCAs for financial reasons[56].

HCAs are also an important source of potential recruits into nursing. Earlier this year it was reported that the Department of Health in England allocated £185 million to support HCAs to train as nurses on paid secondment[57]. Despite their growing significance in the NHS, it is difficult to assess completely and accurately the size of the NHS HCA workforce. Data is available on the NHS in England and in Wales, but data for Scotland suggests very few are employed. However, this may be because they are not identified as HCAs, but as *assistant* nurses. National data for Northern Ireland does not identify HCAs separately. Table 19 below sets out what is reported at national level in England, Scotland and Wales.

Table 19: Health care assistants employed in 2004 by the NHS in Great Britain (headcount and WTE)

	England	Scotland	Wales	GB Total
WTE	31,777	3.9	2,651	34,432
Headcount	38,074	6	4162	42,242

Sources: Department of Health, ISD Scotland, Welsh Assembly
Note: Figures are rounded, and are for September. National data for Northern Ireland does not identify HCAs.

As noted earlier in the report, there has been rapid growth in HCA numbers in England, almost doubling since 1997 when there were 16,190 WTEs reported in the NHS. In the same period, there has been very low growth in the number of traditional nursing auxiliaries employed in the NHS in England - less than 10%.

GP practice nurses

In addition to the registered nurses working in NHS hospital and community health services, there are approximately 16,000 WTE registered nurses employed as GP practice nurses in England, Wales and Scotland (see table 20).

Table 20: Number of WTE GP practice nurses by country from 1990 to 2004

	England	Scotland	Wales	GB total
1990	7,738	584	418	8,740
1991	8,776	647	524	9,947
1992	9,121	744	519	10,384
1993	9,605	748	552	10,905
1994	9,099	768	582	10,449
1995	9,740	858	622	11,220
1996	9,820	875	637	11,332
1997	10,080	901	642	11,623
1998	10,360	968	665	11,993
1999	10,690	1,003	698	12,391
2000	10,710	1,065	713	12,488
2001	11,160	1,097	738	13,018
2002	11,998	1,181	773	13,954
2003	12,967	1,211	n/a	-
2004	13,563	n/a	795	-

Source: Health Statistics Wales, ISD Scotland, and Department of Health

Non-NHS nursing

Nurses are employed in several sectors outside the NHS. These include: nursing and residential homes; independent hospitals and clinics; independent hospices; nursing agencies; and public sector services (prison service, defence medical service, higher education, police service, local authorities). Obtaining detailed, accurate figures on how many nurses are employed in these sectors is not possible. The sparse information that is available is contained in disparate sources, uses a variety of definitions and is prone to double counting.

Independent sector

Independent care homes are the largest employers of nurses outside the NHS. The table below shows recent data on nurses working in the independent sector. This data is no longer collated and published nationally by the Department of Health in England.

Table 21: Number of WTE registered nurses employed in private hospitals, homes and clinics in Great Britain from 1990 to 2003

	England	Wales	Scotland
1990	37,311	1,683	2,905
1991	41,356	2,044	3,336
1992	46,533	2,416	3,966
1993	48,545	2,652	4,631
1994	50,465	2,525	4,785
1995	50,470	2,678	6,136
1996	50,810	n/a	5,359
1997	51,230	n/a	5,000
1998	n/a	n/a	5,045
1999	54,830	n/a	4,892
2000	51,160	n/a	4,728
2001	49,660	n/a	n/a
2002	n/a	n/a	5,294
2003	n/a	n/a	5,349

Source: Health Statistics Wales, Scottish Health Statistics, and DH bulletin 2003/2. Scotland figures for 2002 and 2003 are ISD estimates.

It is difficult to assess the flows of qualified nurses between the NHS and non-NHS sectors. Previous RCN membership surveys[58] have revealed that there is a two-way flow of registered nurses moving between the sectors, but it is difficult to assess the extent of the movement.

Ethnicity

Improving the recruitment of minority ethnic students and staff into nursing and midwifery is a key policy priority for the NHS. However, comparatively little information is available on the ethnic composition of the nursing workforce. Until the mid 1990s there was no routine collection of national data, and the introduction of new ethnic codes in 2002 for England makes trend analysis difficult.

The new dataset estimates that 17.8% of qualified nursing, midwifery and health visiting staff working in the NHS in England in September 2004 were from minority ethnic groups. The

three largest categories by ethnic code were White (245,000), Black or Black British (21,000), and Asian or Asian British (19,000). However, the ethnic origin of 15% of qualified nurses in the NHS in England was reported as 'unknown'. Data from ISD in Scotland reports a lower level of minority participation.

The 2003[59] survey of RCN members reported that 9% of respondents were from minority ethnic groups, of which approximately half were of Afro Caribbean origin. The 2002[60] survey found that minority ethnic nurses were more likely to change jobs for negative reasons, such as bullying, than white nurses. The survey highlighted reported that nurses from minority ethnic communities were more likely to have experienced workplace bullying or harassment at work, and were also more likely to have a second job.

The NHS and other employers must ensure that their employment practices and provision of career opportunities are non-discriminatory. This process should include facilitating career routes into nursing and other health sector employment, which are more accessible to the minority ethnic communities[61] of inner city London and other urban areas**.** In 2004 the Department of Health in England announced a £9 million funding package for nine projects, one of which would recruit more nurses from black and minority ethnic groups[62].

Indicators of shortages

Vacancy rates

Funded but unfilled posts that are recorded as vacant may give some indication of the number of nursing jobs that are hard to fill because of staffing shortages. However, posts may be deliberately held vacant to contain staffing costs. This is happening in some NHS trusts in England where there are financial difficulties[63]. The Healthcare Commission recently noted: 'The practice of freezing vacancies whenever there are short term cash flow problems makes it more difficult to attain low levels of vacancies, and because temporary staff are likely to be used to fill these vacancies, this is also unlikely to ease the cash flow crisis.'[64]

The NHS conducts an annual vacancy survey in March. However, the relevance and accuracy of this annual snapshot at the end of the financial year as an indicator of the level of real vacancies is questionable. The usefulness of the official vacancy rate data is also constrained because only three month vacancies, rather than all vacancies, are reported in England. One recent assessment suggests that the official three-month vacancy data 'understates' staffing problems[65]. The Healthcare Commission study on ward level staffing reported vacancy rates of 8% to 9% in medical care, critical care, surgery and paediatrics. Higher rates were found in

London and the South East[66]. Similar findings were reported by the Healthcare Commission report on accident and emergency services, which highlighted overall nurse vacancy rates of 8% to 16%[67]. This contrasts with the NHS 'official' three-month rate of 1.9% (see table 22).

Table 22: Three month vacancy rates in March 2005 for qualified and registered nurses in Great Britain (% of total WTE)

	2005 (%)
England	1.9
Scotland	1.7
Wales	2.0

Sources: England: NHS Vacancy survey 2005; Scotland data - ISD Workforce Statistics; Wales – SDR 55/2004 and SDR 65/2005
Note: Northern Ireland vacancy data is not published separately for qualified nurses.

The three-month vacancy rate in March 2005 for qualified nurses in NHS England was 1.9%. This is down from 2.6% in 2004. The rate by specialty varied between 2.8% in psychiatry and 1.5% in the 'other qualified nurses' group. The rate by geographical region varied between 0.2% in Dorset and Somerset SHA and 5.3% in South East London SHA. Reported vacancy rates were generally higher in London and the South East than elsewhere. The recent Healthcare Commission report on NHS ward staffing in England and Wales also noted that vacancy levels were strongly related to the extent to which temporary bank or agency nurses are used[68].

The three-month rate in 2005 for NHS registered nurses in Scotland was 1.7%, up from 1.2% in 2004. This continues the long-term trend of increasing vacancies. In Wales the three-month March vacancy rate for 'qualified nursing midwifery and health visiting staff' was reported to be 2.0%. This is down from 2.3% a year earlier. However, differences in data collection methods and response rates mean that direct comparison between the countries should be treated with caution.

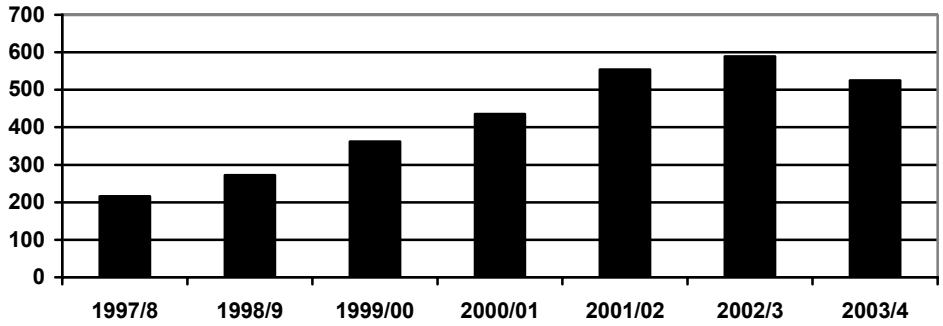
Temporary staff

The extent to which the NHS continues to be dependent on the use of temporary staff may be one indicator of persistent shortages in specific areas. There are situations where the use of bank or agency staff can be effective, such as for short-term cover of absent permanent staff.

But, long-term or high level use of agency staff can be costly, and may reflect organisations' inability to recruit permanent staff or manage their deployment effectively.

There is also some evidence that high use of temporary staff is linked to poorer patient experience. The Healthcare Commission survey of ward staffing revealed: 'The data shows, for the first time, a relationship between the satisfaction of patients and the use of bank and agency staff – high usage of temporary staff is strongly linked to low levels of patient satisfaction. As the use of bank and agency staff is strongly related to high levels of vacancies, this demonstrates the clinical impact of shortages.'[69]

Figure 7: Non-NHS staff (agency etc) by NHS classification, salaries and wages expenditure for England (£ millions)

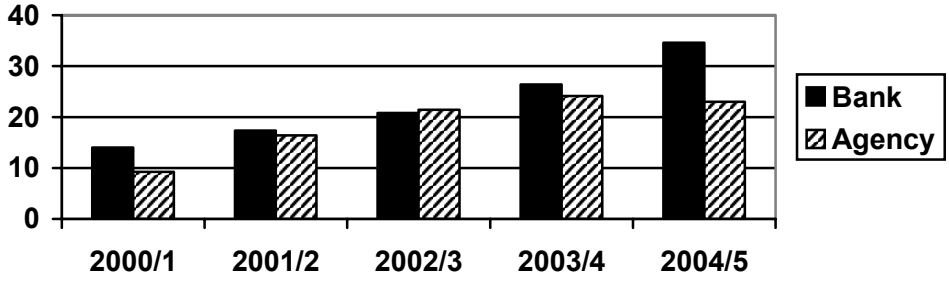


Source: Hansard, House of Commons, Written Answer 12 July 2005

The most recent data on expenditure on temporary staff in the NHS in England has been interpreted as showing reduced use in 2003/2004, after consistent year-on-year increase in expenditure since the mid 1990s (see figure 7 above). Annual expenditure more than doubled from £216 million in 1997/1998 to £590 million in 2002/2003, before reportedly reducing to £525 million in 2003/2004. However, it is unclear how much expenditure on NHS Professional staff is included in the data in recent years, and the overall data masks contrary trends in different regions and specialties. The NHS in England has attempted to internalise more of the resourcing for temporary staff by creating NHS Professionals, a NHS-run nationwide temp agency. The Healthcare Commission ward staffing survey reported that in 2003/2004 15% of nursing staff expenditure was on bank and agency staff. It commented that the figure remained 'stubbornly high' but with early indications of a drop in 2004/2005. Further, it said that there was clear evidence of a switch to more use of bank and NHS professional staff rather than agency temps.

The NHS in Scotland reported that expenditure on qualified agency and bank staff more than doubled between 2000/2001 and 2003/2004, exceeding £50 million in 2003/2004. In 2004/2005 there was a reduction in agency spend of approximately £1 million, but an increase in spending on bank nurses of £8 million. Total expenditure on bank and agency exceeded £55 million (see figure 8).

Figure 8: NHS Scotland costs for use of bank and agency registered nurses from 2000/2001 to 2004/2005 (£ millions)



Source: ISD Scotland, 2005

Continued growth in use of temporary nurses suggest that even with the reported staffing growth, day-to-day NHS permanent nursing staffing levels are not always sufficient to meet workload. Cost containment has also been a driver in NHS attempts to reduce spending on agency nurse use. The NHS in England has promoted the use of framework agreements with staffing agency suppliers. In Scotland the NHS published an *Action Plan* in 2005 that required all health boards to set targets to reduce agency staff use, and to consolidate the organisation of nurse banks at board level[70].

Summary

The pool of registered nurses in the UK was approximately 640,000 in March 2005. Although the NHS is the main employer of nurses in the UK, nurses also work in a range of other jobs and sectors. Data on employment in other sectors is limited, and has reduced in quality in recent years. There were approximately 465,000 qualified nurses and midwives (headcount) employed in the NHS across the four UK countries in September 2004 (this is approximately 374,000 WTEs. See table 17). About seven out of every 10 UK-based nurses on the register were working in the NHS.

In addition, there were approximately 167,000 unqualified nursing staff. Health care assistants play an important part as health care staff, but it is difficult to assess accurately the

size of the HCA workforce in the NHS. There are more than 30,000 HCAs in the NHS in England, a figure that has doubled since 1997.

NHS data estimates that 17.8% of qualified nursing, midwifery and health visiting staff working in the NHS in England in September 2004 were from minority ethnic groups. However, the ethnic origin of 15% of qualified nurses in the NHS is reported as unknown.

5. The ageing nursing workforce: the next critical challenge

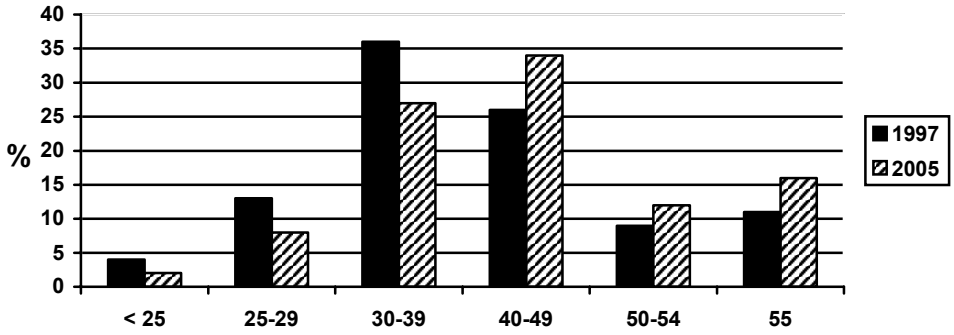
Investment in increasing the number of student nurse places, bridging courses for HCAs, international recruitment, returners and (perhaps) improved retention have all played a part in growing the NHS nursing workforce in the last few years. This growth was needed primarily to counter the negative effect of reductions in the numbers of new nurses training in the early 1990s, as well as to provide additional capacity to meet NHS service needs. As discussed earlier in the report, the historically high funding increases made available in the NHS as a result of the *NHS Plan* are not projected to continue beyond 2007/2008. We are now entering a more uncertain period for nurse workforce policy and planning.

Ageing of the UK nurse population

Against this backdrop of increasing uncertainty, another looming workforce challenge can be identified with total certainty – that of the ageing of the UK nursing population.

A key shift in the nursing and midwifery population in recent years has been the ageing profile. In 1991 one in four (26%) nurses on the register was aged under 30. But, by 2004/2005 this had dropped to only about one in 10. At the same time, the proportion of nurses on the register who were 55 or older had risen from 9% to 16%. More than 100,000 nurses are now aged 55 or older and a further 80,000 are 50 to 55 years-old (see figure 9).

Figure 9: Age profile for UK nursing register in 1997 and 2005

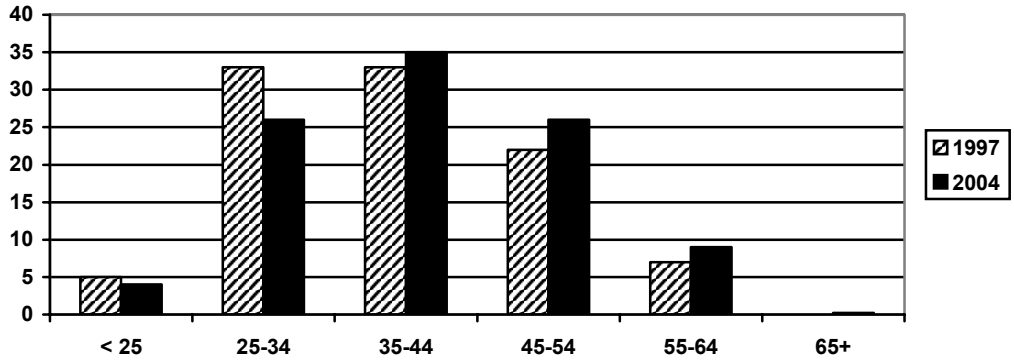


The significance of this age-shift is threefold:

1. the level of nurses leaving the register is bound to grow as the large numbers aged 50-plus increases over the decade. It has previously been reported that the peak years for leaving the register are 35 to 39 and 60 to 64[71]
2. it is likely that fewer of the older nurses who remain on the register are likely to continue to work
3. older nurses who do continue to work are less likely to work full-time. The RCN 2003 membership survey reported that the proportion of nurses working full-time fell from 86% of those aged under 30, to 54% of nurses aged 50 or older[72].

In parallel with the age profile on the register, there has been marked ageing in the NHS nursing workforce (see figure10). This is partly because of the reductions in student nurse intakes in the early to mid-1990s. It is also partly the result of a trend towards an older age profile of students with more mature entrants, and the emphasis on attracting returners.

Figure 10: Age profile of NHS nurses in England in 1997 and 2004



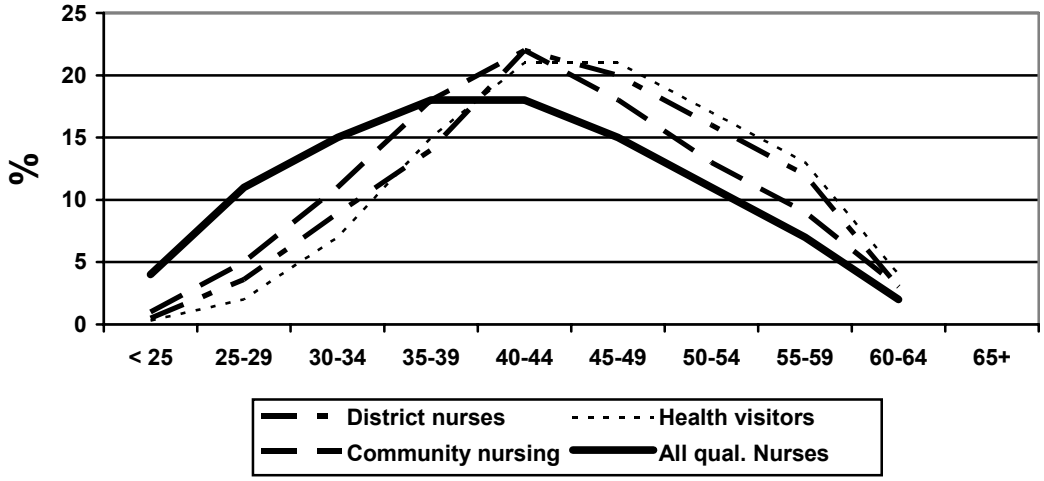
Source: Department of Health

Age profile by specialty

The age profile varies markedly in different specialty areas. The various specialties working in the community, for example, tend to have an older age profile than the average age profile for all NHS nurses. Figure 11 below illustrates the September 2004 age profile for first level health visitors, district nurses and other nurses in community services. All these groups have a profile significantly older than the average for all NHS nurses. The impact of

ageing, and increased demand for retirement will be more evident, more quickly, in the community nursing sector.

Figure 11: Age profile in 2004 of NHS nurses in England by selected speciality



Source: Department of Health

This difference in age profiles between nurses on the NMC register and nurses in the NHS workforce can be explained by older nurses leaving NHS employment, and the older age profile of nurses working in some non-NHS sectors such as nursing homes and practice nursing. Survey evidence in the late 1990s suggested that 12% of practice nurses and 19% of nursing and residential home nurses were aged 55 or over[73]. These sectors are likely to experience more pressure in the short term. But, as a consequence, the NHS may experience greater competition from non-NHS employers as they attempt to replace retiring nursing staff.

Age-proofing employment policy

Increasingly the challenge will be to replace the 180,000 nurses who are 50 and older, and who are considering retirement, or to encourage them to delay leaving their jobs. There have been a series of policy research papers in recent years that have focused on the ageing nursing workforce[74, 75, 76]. They have generally come to the same conclusions: more needs to be done to *age-proof* employment policy and practice to encourage the retention of older nurses, and to introduce a more flexible pension provision that supports a phased approach to retirement.

Past trends, future imperfect?

There have been previous policy-led attempts to encourage more nurses to stay on in NHS employment up to, and beyond their potential retirement date[77, 78]. More recently, NHS Employers have co-ordinated a full review of the NHS Pensions Scheme in England. The Scottish NHS Human Resources Forum (HRF) has responsibility for the pensions review of the NHS scheme in Scotland. The main proposals include a possible switch from a final salary scheme to a calculation based on an average career salary, greater scope to make extra pension contributions, and options for more flexible phased retirement and returning to paid employment after retirement.

However, the most controversial aspect of the proposals has been an increase in the normal pensionable age in the public sector to 65, which has been resisted by the RCN and other trade unions.[79, 80, 81, 82]

In October 2005 the government announced that it had dropped the proposal to increase the retirement age for staff currently employed in the public sector to 65. However, the plan is to phase in a higher retirement age for new entrants[83] to nursing. As yet, it is unclear what the impact of this and other changes will be on retirement behaviour and the future attractiveness of NHS nursing as a career. There is now an urgent need for more detailed information about the retirement behaviour of nurses, and what policy factors may affect that behaviour.

Conclusion

The UK nursing labour market in recent years has been characterised by significant, if variable, growth across the four UK countries and different NHS sectors. This growth has been achieved primarily by a marked increase in the number of nurses being trained in the UK, combined with large scale active recruitment around the world. The high level of international recruitment has caused some controversy. However, it is unlikely that NHS nurse staffing growth targets in England would have been met without international recruitment.

A huge resource investment funded this necessary staffing growth. It was needed to compensate for under investment in home-based training in the early 1990s, and to provide the additional staff required to deliver the planned growth in NHS services. Projections indicate that the funding growth levels of recent years will not be sustained. The NHS is moving into a period of greater uncertainty about service configuration and associated workforce planning and policy. The continued rapid ageing of the UK nursing population means that all these efforts must be regarded as necessary, but not sufficient to meet the nursing workforce replacement challenge of the next 10 years.

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